Name of Child: <i>(Last, First, Middle)</i> Child's Alien Registration Numbe	Citizen of What Country: Birth Date: (Month, Day, Year)	Now Residing At: (City and Country) Birth Place: (City and Country)	Immigration State of Child
A #:	_		
Estimated Total of Assets: \$	Estimated Av	erage Weekly Earnings: \$	_
	-		_
	Estimated Ave	erage Weekly Earnings: \$	
A# :			_
Estimated Total of Assets: \$	Estimated Ave	erage Weekly Earnings: \$	
If your application is denied, we	ould your spouse and all of your	children accompany you to your:	
Country of Birth -	Yes No	If you answered "No" to any of the responses, please explain:	
Country of Nationality -	Yes No		
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assistance (e.g., Welfare, Unemp	g my spouse and/or child(ren)	- have have not received public on DC, etc.). If any member of your immediate of person(s) receiving relief or assistance.	te family has received
Members of my family, includin assistance (e.g., Welfare, Unempsuch relief or assistance, please g	g my spouse and/or child(ren) [loyment Benefits, Medicaid, AFlive full details including identity		te family has received e, place, dates for which
Members of my family, includin assistance (e.g., Welfare, Unemp such relief or assistance, please grelief or assistance was received, b) Please give the requested info show street address, city, and s	g my spouse and/or child(ren) [loyment Benefits, Medicaid, AFI ive full details including identity and total amount received during mation about your parents, brothate, if in the United States; other	DC, etc.). If any member of your immediate of person(s) receiving relief or assistance g this time: there, sisters, aunts, uncles, and grandpare rwise show only country:	te family has received e, place, dates for whice the place, dates for whice the place, dates for whice the place, dates for whice
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Members of my family, includin assistance (e.g., Welfare, Unempsuch relief or assistance, please grelief or assistance was received, Please give the requested info show street address, city, and stame: (Last, First, Middle) Alien Registration Number:	g my spouse and/or child(ren) [loyment Benefits, Medicaid, AFI ive full details including identity and total amount received during mation about your parents, brottate, if in the United States; other Citizen of What Country:	DC, etc.). If any member of your immediate of person(s) receiving relief or assistance gethis time: hers, sisters, aunts, uncles, and grandpare rwise show only country: Relationship to Me:	nts. As to residence,
Members of my family, includin assistance (e.g., Welfare, Unempsuch relief or assistance, please grelief or assistance was received, Please give the requested infoshow street address, city, and states (Last, First, Middle). lien Registration Number:	g my spouse and/or child(ren) [loyment Benefits, Medicaid, AF] ive full details including identity and total amount received during mation about your parents, brottate, if in the United States; other Citizen of What Country: Birth Date: (Month, Day, Year)	DC, etc.). If any member of your immediate of person(s) receiving relief or assistance gethis time: thers, sisters, aunts, uncles, and grandpare rwise show only country: Relationship to Me: Birth Place: (Place and Country)	nts. As to residence,
Members of my family, includin assistance (e.g., Welfare, Unemp such relief or assistance, please grelief or assistance was received, b) Please give the requested info show street address, city, and so was street address.	g my spouse and/or child(ren) [loyment Benefits, Medicaid, AF] ive full details including identity and total amount received during mation about your parents, brottate, if in the United States; other Citizen of What Country: Birth Date: (Month, Day, Year)	DC, etc.). If any member of your immediate of person(s) receiving relief or assistance gethis time: thers, sisters, aunts, uncles, and grandpare rwise show only country: Relationship to Me: Birth Place: (Place and Country)	nts. As to residence,